



Parents Application

Parents First and Last Name: _____

Child's Name: _____

Home Address _____

Cell # and Home # _____

Email Address _____

Please answer the below questions truthfully so we can help your child succeed in the course and have personal growth in the areas that need extra attention.

What does your child excel at in school?

What challenges does your child have in school or at home?

Does your child have any learning disabilities, socialization issues or concerns we should know about?

Does your family garden at home or does your child have any experience gardening?

Are there any skills you would like to develop in your child but don't know how to or don't have the time to address?

Is there any additional information you would like to share with us about your child?

Does your child
have any
allergies or
medical issues
we should be
aware of?

I _____ hereby declare that all the above information is honest and accurate
to the best of my knowledge.

X

Signed